

Case Number:	CM14-0044608		
Date Assigned:	07/02/2014	Date of Injury:	09/26/2013
Decision Date:	04/01/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female, who sustained an industrial injury on September 26, 2013. She has reported a dislocated first tarsometatarsal. The diagnoses have included possible complex regional pain syndrome, posttraumatic dislocation of the first tarsometatarsal with subsequent surgical fixation, amputation of right first ray, and status post debridement and flap coverage of the osteonecrotic first ray after amputation. Treatment to date has included postoperative wound care and mobility training in a skilled nursing facility, physical therapy, and off work. On February 18, 2014, the treating physician noted persistent right foot pain. The injured worker used a rolling walker to get around slowly and gingerly. She was putting weight on her right foot, which triggered foot pain. Current medication is an analgesic. The physical exam revealed full range of motion of the right ankle with slight tightness with dorsiflexion, negative Hoffman's, and negative anterior and posterior drawer signs. There was slight swelling of the right foot, a tarsometatarsal amputation of the first ray, and scattered tenderness of right foot, including the peri-amputation area on the dorsum and plantar foot. Her pain reaction was termed hyperalgesic. The amputation site was slightly swollen and tender to the point of being allodynic. The first ray stump had a positive Tinel's sign. The right lower extremity motor strength and reflexes was normal. She tends to supinate the right foot on ambulation and bears most of her weight on the lateral aspect. The postsurgical scars were well-healed without erythema or warmth, and the vascular status was normal. The treatment plan included physical therapy with hydrotherapy for the right foot. On March 24, 2014 Utilization Review modified a prescription for 12 visits (2 times a week for 6 weeks) of, noting the lack of documentation of

prior hydrotherapy, and an initial trial of 6 sessions would be recommended. The California Medical Treatment Utilization Schedule (MTUS), Postsurgical Treatment Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2 x per week for 3 weeks with hydrotherapy on the right foot: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 5-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication that the patient has undergone physical therapy previously. The patient has substantial subjective complaints and objective findings as a result of the injury, which may respond to physical therapy and hydrotherapy treatment. Therefore, a 6 visit trial seems reasonable to identify whether this may improve the patient's condition. As such, the currently requested physical therapy is medically necessary.